Entrant Number (I	ID – fill in at event):
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Sign In

Fremont Freewheelers Bicycle Club - Primavera Ride

PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMINITY AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Fremont Freewheelers Bicycle Club ("club") sponsored Bicycle Activities ("Activity") I for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, CONVENANT NOT TO SUE the club its administrators, directors, agents, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
- 4. I am in advance giving my permission and approval for others as in item (3) above in the capacity to provide support to me and my bicycle before, during, and after the Activity.

Entrant Number (ID – fill in at e	vent):	
I AM 18 YEARS OF AGE OR OLDER H THIS AGREEMENT, UNDERSTAND TI BY SIGNING THIS AGREEMENT, HAV ANY INDUCEMENT OR ASSURANCE COMPLETE AND UNCONDITIONAL R EXTENT ALLOWED BY LAW. I AGRE AGREEMENT IS HELD TO BE INVALI SHALL CONTINUE IN FULL FORCE A	HAT I AM GIVING UP SUB VE SIGNED IT VOLUNTAR OF ANY NATURE AND IN RELEASE OF ALL LIABILIT EE THAT IF ANY PORTION ID, THE BALANCE, NOTWI	STANTIAL RIGHTS ILY AND WITHOUT TEND IT TO BE A TY TO THE GREATEST OF THIS
Signature of Participant (only if over 18)	Print Name	Date
MIN	NOR RELEASE	
BICYCLING ACTIVITIES AND THE M BELIEVE THE MINOR TO BE QUALIF PHYSICAL CONDITION TO PARTICIP DISCHARGE, COVENANT NOT TO SU AND HOLD HARMLESS EACH OF THE DEMANDS, LOSSES, OR DAMAGES OF ALLEGED TO BE CAUSED IN WHOLE "RELEASES" OR OTHERWISE, INCLU FURTHER AGREE THAT IF, DESPITE THE MINOR'S BEHALF MAKES A CLA ABOVE, I WILL INDEMNIFY, SAVE, A RELEASES FROM ANY LITIGATION INDEMNACE OR COST ANY MAY INCUR	IED, IN GOOD HEALTH, ATATE IN SUCH ACTIVITY. I JE, AND AGREE TO INDEM E RELEASE'S FROM ALL L ON THE MINOR'S ACCOUN' E OR IN PART BY THE NEG DING NEGLIGENT RESCU THIS RELEASE, I, THE MIN AIM AGAINST ANY OF THE AND HOLD HARMLESS EA EXPENSES, ATTORNEY FE R AS THE RESULT OF ANY	ND IN PROPER HEREBY RELEASE, INIFY AND SAVE LIABILITY, CLAIMS, T CAUSED OR ELIGENCE OF THE E OPERATIONS AND NOR, OR ANYONE ON E RELEASES NAMED CH OF THE ES, LOSS LIABILITY, SUCH CLAIM.
Signature of Participant or Guardian Pri	nt Name	Date
Participant's Cellphone (if you have it on t	the ride):	
Emergency Contact		
Name:	Phone:	
Other important emergency info (optional)):	